



SEAFORD URBAN DISTRICT COUNCIL

ANNUAL REPORT


of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st December, 1944

24th August, 1945.



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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR
ENDED 31st December, 1944.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report upon the health of Seaford for the year 1944.

Owing to the small population estimated by the Registrar-General as being ascribed to Seaford, the vital statistical figures appear to be high where these figures are based upon 1,000 population. This is specially exemplified in the cases of the birth rate and the death rate.

On perusal of the Report you will note that I have stressed the fact that the number of births and the number of deaths ought to occupy a larger place in your attention than the vital statistical figures.

Generally speaking the health of the community of Seaford during the year 1944 was very good.

On perusing the addenda at the end of the Report you will observe that I state that the present small quantities of rations, if continued for an appreciable length of time, may bring about an increase in the amount of disease and in the number of deaths. I have also stated that housing is the most imperative and essential demand at the moment; this has been apprehended all over the country for some time.

I have nothing further to add to this foreword. No doubt you will find the Report of some interest, especially now that we are in a transition period between war and peace.

I have to thank Mr. Lambert, Clerk of your Council, for his unfailing help and courtesy, and Mr. Smith, the Sanitary Inspector, for the very helpful manner in which he has collaborated with me in this Report; and I have also to thank you Mr. Chairman, and the members of the Public Health Committee for their encouragement to me.

I am, Mr. Chairman, Ladies & Gentlemen,
Yours obediently,

G.M. DAVIDSON LOBBAN.

Medical Officer of Health.

24th August, 1945.

B.I. (i) Medical Officer of Health (Part time).
G.M. Davidson Lobban. M.B., Ch.B., D.P.H., Fellow R.S.I.,
Fellow R.I.P.H., Fellow S.M.O.H., etc.
Sanitary Inspector,
John E.L. Smith. R.S.I.

SECTION A. STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

1. General Statistics.

Area (in acres)	...	...	...	...	4,315
Registrar General's estimate of Resident Population 1944	...	...	...	...	5,321
Rateable value	...	...	...	...	£117,820
Sum represented by penny rate	...	...	...	...	£411

2. Social Conditions.

Seaford is primarily a residential seaside resort. Situated on the South Downs there is abundant sunshine. In 1938 the sun shone 309 days out of the 365, and in 1931 the highest annual total hours of sunshine in the British Isles was registered.

There is a low rainfall; the prevailing winds are from the south and from the west. The atmosphere is dry. The climate is more bracing than that of many other south coast watering places.

There is practically no industry. Building operations were undertaken on a comparatively large scale before the recent war. The town is well planned in the main and there is a cleanness and an appearance of finish of the main thoroughfares.

Rates and assessments compare favourably with those of other seaside towns.

Since health does not entirely depend upon physical needs alone, there are ample opportunities to solace and refresh the mind. Sea-anglers, golfers, lovers of the horse, geologists, botanists, and others of enquiring and of studious habits of mind, and whose proclivities tend to healthful outdoor exercise, can find plenty to satisfy their particular taste and to refresh the spirit. The neighbouring Downs furnish excellent walking and exploring ground, and provide spacious country for that simplest of all exercise - walking - which has almost been forgotten by present-day mankind.

Seaford is also an educational centre and contains many large and excellently conducted schools for boys and girls.

3. Extract From Vital Statistics.

	Total M. F.				
Live Births				Birth rate per 1,000 of estimated population	27.60
	Legitimate	126	68	58	
	Illegitimate	21	4	17	Birth rate per 1,000 of estimated population for England and Wales 17.60
Still Births	Nil	Nil	Nil	Rate per 1,000 (live and still births)	00.00
Deaths				Death rate per 1,000 of estimated population (resident)	20.10
				Death rate per 1,000 of estimated population of England and Wales	11.60

Deaths from puerperal causes (headings 29 and 30 of the Registrar General's Short List)

Rate per 1,000 (live and still)
Total Births.

No.29	Puerperal Sepsis	...	0	...	...	0.00
No.30	Other Puerperal Causes	1	...	...	...	6.80
Total	...	...	0	...	...	6.80

Death rate of infants under 1 year of age:-

All infants per 1,000 live births	...	...	...	40.81
Legitimate infants per 1,000 legitimate live births	...	...	...	40.81
Illegitimate infants per 1,000 illegitimate live births	...	...	...	00.00

Deaths from Cancer	...	...	(all ages)	...	...	19
Deaths from Diphtheria	...	...	(all ages)	...	...	0
Deaths from Scarlet Fever	...	...	(all ages)	...	...	0
Deaths from Measles	...	...	(all ages)	...	...	0
Deaths from Whooping Cough	...	...	(all ages)	...	...	0
Deaths from Diarrhoea	...	...	(under two years of age)	...	...	1

The Registrar-General's estimate of the population in Seaford for the year 1944 was 5,321; this is considerably less than the estimated population in 1937 which was 8,925.

Since rates, such as birth rates and death rates, are based on the population figure, and are raised when the population is estimated at a low figure a more true perspective is obtained when more attention is focussed upon numbers such as the number of births, number of deaths, etc., than upon rates such as the birth rate and the death rate etc.

For example, the number of births in 1944 in Seaford was 147 as compared with 94 in 1937. Applying the 1937 estimated population to the number of births in 1944, i.e., assuming that the population in 1944 had remained the same as in 1937, the birth rate in 1944 would have been 16.47 per 1,000 population instead of 27.60 as returned.

Similarly if the estimated population in 1944 had remained the same as in 1937, the death rate would have been 11.9 instead of 20.10 per 1,000 population.

Subtracting 12 deaths which occurred in old people in 1944, not normally resident in the town, and who died in a home for the aged and infirm evacuated to Seaford, the total deaths (95) in Seaford's residents would, if based on the 1937 population, make a death rate of 10.6 per 1,000 instead of 17.85.

As I have stated, a truer perspective is gained if more attention is focussed upon numbers. The year 1937 has been chosen as a fairly normal pre-war year, with a birth rate of 10.52 per 1,000 and a death rate of 9.74 per 1,000. The number of births (147) in 1944 is a considerable increase upon the number of births (94) in 1937. The number of deaths in 1944 (excluding 12 in adventitious residents) was 95 which is more comparable with the figure of 87 deaths in 1937.

4.1 General Health.

Seaford has for long been a place chosen for quiet, healthy retirement of professional and business people.

To those seeking alleviation and cure of certain disabilities, such as from chronic bronchitis; from other chronic chest complaints; from catarrh of the respiratory organs, from certain types of rheumatism, residence in the town can be commended.

It is also an excellent place in which to bring up children.

In 1944 the health of the inhabitants of Seaford was, in general, very good. There was no serious outbreak of epidemic disease; only two deaths were due to infectious disease - one due to influenza and one due to cerebro-spinal fever. No deaths were recorded as ascribed to measles, diphtheria, scarlet fever, typhoid fever, whooping cough and non-pulmonary tuberculosis.

5. Birth Rate.

The birth rate in 1944 was 24 per 1,000 population and was a high one when compared with that for England and Wales for the same year; 17.6 per 1,000 population and with 20.9 for the smaller towns in this country.

6. Infantile Mortality Rate.

This rate means the number of infants who were alive at birth and who died before reaching their first birthday, expressed in proportion to every thousand live births.

For the year under review this rate for Seaford was 40.81 per 1,000 live births. It has been stated, with a good deal of truth, that the infantile mortality rate is a most sensitive index of social welfare.

It must be remembered, however, that in a small community, as in Seaford, one or two extra deaths on either side of an arbitrary fixed basic rate representing an average annual rate over a period of twenty-five successive years or so, will make a great difference to the rate.

Thus in 1944 six infants died making an infantile death rate of 40.81 per 1,000 live births. If four, or two less, had died, the rate would have been 27.21 per 1,000 live births. On the other hand records have shown that there have been low infantile mortality rates in Seaford for the past fifty years.

A low infantile mortality rate in a more or less stable community means a low death rate in the next four years of life. A high infant death rate similarly correlates with a high death rate in the succeeding four years of life.

As healthy conditions express themselves in reduced infant and child mortality, there is improved health in the survivors, and further, greater fitness and lower death rates all through life's span.

Actual experience has shown that about one half of the infants who die under one year of age, die in the first month of their lives. The causes of infantile mortality are many, varied and sometimes exceedingly complex.

Premature births, malformations and other defects in the mother or infant which help to quickly put an end to an infant's existence still play a great part in the infantile mortality figures. There will always be some of these unfortunate occurrences, but it is hoped that further research upon the matter may result in many fatalities being prevented in the future.

Apart from premature births, malformation and other defects, there are other conditions predisposing to a high infant death rate. These conditions are, neglect of ante-natal care, unsuitable care of the baby after birth, artificial feeding in unsuitable cases, dirty or infected milk, lack of personal and house cleanliness, insanitary housing, bad sanitation, alcoholism and syphilis in the parent, exposure of the infant to infectious disease, and

especially to respiratory affections. There are also some cogent reasons for believing that malnutrition of the mother has some bearing upon the subject.

In the nineteenth century the infantile mortality rate was round about 160 in this country. Sixteen infants died out of every hundred born alive. This has been reduced to four or five out of every hundred related births.

Possessing a low infant death rate over the period of the last fifty years, and allowing for the fact that a small number of infant deaths make appreciable differences to the rate in increasing or decreasing it, it is clear that Seaford must possess freedom from many of the conditions mentioned above as being inimical to infant and child life.

It is likewise evident that residents in the town are granted greater fitness and longer life than is obtained in the majority of towns in this country. According to records, a great proportion of these residents live to a ripe old age.

7. Death Rate.

During the year a home for the aged and infirm from other areas was in existence in the town. This fact has to be taken into account when considering the apparently high death rate of 20.1 per 1,000 population. The death rate for England and Wales for 1944 was 11.6 per 1,000 population. But for the fact of the weighting of the rate in Seaford, by deaths of old people from other areas in a home for the aged and infirm, the general mortality rate for the resident population was 17.34.

There were no outstanding causes of death. Most of the deaths amongst the residents were in people who had reached advanced old age, and due to the usual causes associated with it.

SECTION B. GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

1. Laboratory facilities no change
2. Ambulance

The town casualty service consists of one ambulance and one sitting case car which for the time being are being well looked after by the Council with a staff of two drivers.

3. Nursing in the home no change
4. Clinics and treatment centres no change
5. Hospitals.

Infectious diseases cases are admitted to the Newhaven Isolation Hospital - Seaford being a member of the Newhaven and Seaford Joint Hospital Board. Any cases of smallpox, if they occur, can be sent to the Smallpox Hospital at Fampstead.

Other hospital facilities remained the same as in pre-war and in former war years.

SANITARY INSPECTION OF THE DISTRICT AND THE WORK OF THE INSPECTOR DURING THE YEAR 1944

I subjoin an abstract from the Sanitary Inspector's report.

STAFF:

The Inspectorial Staff consists of myself and during the war, including the year under review, I also acted as A.R.P. Officer and Sub-Controller.

In addition the Sanitary Inspector is also the Designated Officer under the Housing Act, 1936, Petroleum Inspector and Rat & Mice Officer.

INSPECTIONS

Due to voluntary evacuation, the population of the Urban District has been very reduced from the pre-war figure. The bulk of the Preparatory Schools and a large number of private houses have been in the occupation of the Military during this period.

HOUSING

A number of houses occupied, or suitable for the occupation of the working classes have been demolished as a result of enemy action. The remainder are generally in good condition, some needing minor repairs as the result of lack of labour or materials.

COMPLAINTS

The type of complaint received during the year has been:-

- (a) Defective Sanitary Dustbins: It has been impossible to deal with this matter on the scale required, due to the lack of obtaining new dustbins. This has to some extent been pronounced by the reduction of the collection of house refuse from one per week to one per fortnight.
- (b) Drain stoppages: This has occurred largely on premises occupied by the Military but has received prompt action by the Garrison Engineer, upon his attention being drawn to the nuisance.
- (c) Rats and Mice: Three factors have largely contributed to this complaint, e.g., empty properties: insufficient care in Military occupied houses; the impossibility of householders to take necessary action.

MILK

There are five producers, of which two hold licences for the production of Accredited Milk.

Of the six retail traders, one is licenced to sell Pasteurised Milk; one to bottle and sell Accredited Milk and one to sell Tuberculin Tested Milk.

All premises have been under inspection and have been kept in a cleanly condition and limewashed at the stated periods.

BAKEHOUSES

The three bakehouses in the area are kept in a cleanly condition and the necessary cleansing carried out at the required times. Inspections have been carried out from time to time.

FRIED FISH & CHIP SHOP

There are two fried fish and chip shops which are kept in a cleanly condition and no nuisance has arisen therefrom.

FOOD

Tinned foodstuffs have given a certain amount of trouble during the year and a number of tins of meat, milk and vegetables have been voluntarily surrendered due to blown or otherwise defective tins.

A small quantity of fish has been found unfit as the result of the delay in transit.

FUMIGATIONS & DISINFECTIONS

Some fumigations and disinfections have been carried out either on request or for vermin. Very few have been necessary as the result of infectious diseases.

RATS & MICE

Considerable time has been spent, both on the survey carried out by the direction of the Ministry of Food, and the destruction of rats during the year. For this purpose the Council engaged, under the direction of the Sanitary Inspector, an Operator. Both the Sanitary Inspector and the Operator attended the Ministry's approved course in rat and mice abatement.

Whilst a number of minor infestations were dealt with, no major infestations were found.

In all cases the occupier agreed for the Council to carry out work and agreed on the payment, so no Statutory action by the Authority was necessary.

A D D E N D A

1. NUTRITION.

Unfortunately there have been no means of scientifically assessing the nutrition of the adult population and one can only base remarks upon subjective criticism in this matter.

In school entrants, aged about five years, there have been found considerable increases in the average height and weight compared with those of their predecessors of fifteen years ago. These increases have been due in no small part to the free, or at reduced cost, issue of dried milk for mothers and young children.

Using subjective criticism only it appeared that the nutrition of the adult population was good but as I have said there were no means of using objective criticism based upon scientific methods, but it would take some years, in any case, to arrive at definite conclusions whereby it could be safely stated that rationing had improved physique and general health, or it had not.

One can judge whether nutrition has improved or not by using anthropometrical measurements, such as those of the individuals - weight, height and chest measurements - supplemented by functional examinations, such as by using a dynamometer and a spirometer and comparing results over a long continuous period.

Whatever the superficial appearance of the nutrition of the general public may convey to a casual and non-medical observer, many medical men must agree with the opinion of many lay-men that the meagre rations at present allowed to the general public are insufficient in quantity. Personally I think that if the present quantities are continued for an appreciable length of time, there is a distinct danger of an increase in the incidence of, and mortality from, various diseases or affections.

2. HOUSING

To state that there is a shortage of houses in Seaford is almost akin to repeating a platitude. Not only is there a shortage of houses all over this country, but other countries are experiencing the same disadvantage.

During the recent war, home life has been broken up; many young people have married and have never had a home of their own, and many homes have been damaged beyond repair. The most imperative and urgent social demand at the moment is the speedy erection of more and more houses. Speculative builders can perform miracles of construction with new appliances and methods provided they obtain the labour and material without the irritating and long delaying system of permits. Speculative builders must obey the rules of the game and put an end to shoddy half finished work.

Local Authorities, now experienced to undertake housing, may require additional help in their architectural staffs.

Wide visionary ideas, out of touch with reality, spates of words and circulars, unending controversies between building employers and the power that be, as to the release of men and material, and equally long drawn-out arguments between local authorities and the government as to finance and living standards are definite impediments.

Perhaps it would be a good thing if self-governing public corporations, free from political interference, controlled timber, cement, clay, metals, glass, mortar and plaster and all materials used for building and all other materials necessary for building; that is, of course, provided that rings are ruled out and the corporations set up with the entire working personnel included and everyone was imbued with the same spirit of service to the public and to the country.

All those who through one way or another delay action can be accused of rendering a disservice to the country, and to the people, with the inevitable consequences of serious repercussions to themselves.

G.M. DAVIDSON LOBBAN,
M.B., Ch.B., D.P.H.
Fell.R.S.I.
Fell.R.I.P.H.
Fell.S.M.O.H. etc.

Medical Officer of Health.

Public Health Department.
Council Offices,
Seaford, Sussex.

24th August, 1945.

